



DOG & CAT IMPORT FORM

I. FORM & DOCUMENTS

Number of dogs and cats entering Hawaii: _____ (Separate form must be filled out for each pet)

Except for the original health certificate, all documents must be received by the Animal Quarantine Station along with this completed form **no less than 10 days before arrival** to qualify for the 5-day-or-less and direct airport release program.

ESTIMATED DATE OF ARRIVAL	PET NAME	MICROCHIP NUMBER	SPECIES: DOG
			CAT

✓ CHECK ALL DOCUMENTS ENCLOSED, INDICATE PROGRAM APPLYING FOR AND AMOUNT OF ENCLOSED PAYMENT

DOCUMENTS SUBMITTING				TYPE OF PROGRAM APPLYING FOR				PREPAYMENT
RECENT RABIES VACCINE CERT.	PREVIOUS RABIES VACCINE CERT.	* HEALTH CERTIFICATE	** HAWAII HEALTH CERTIFICATE	DIRECT AIRPORT RELEASE \$165	SUBSEQUENT ENTRY \$78 <u>SEE</u> <u>REQUIREMENT</u>	5 DAYS OR LESS \$224	120 DAY \$1,080	AMOUNT ENCLOSED

Make money order or cashier's check out to: Department of Agriculture **NO PERSONAL CHECKS ACCEPTED**

SEND ALL DOCUMENTS IN AS A SET WITH THIS COMPLETED AND NOTARIZED DOG & CAT IMPORT FORM

- * An original health certificate may be submitted to State inspectors upon arrival in Honolulu if not submitted w/ this form.
- ** Owners of dogs and cats originating from Hawaii and returning for the 5-day-or-less program must also submit the original health certificate issued in Hawaii used for departure containing the pet's Hawaii address and date of departure to qualify under the resident Hawaii pet requirements.

HAWAII PET: Check box If pet will be leaving Hawaii and returning (Refer to Resident Pet requirements)

• **SUBSEQUENT ENTRY:** Check box If pet is entering Hawaii again and give date of previous entry: _____
(Refer to Re-Entry pet requirements to see if pet qualifies. Pet must meet qualifications for this lower fee.)

II. PRIMARY OWNER INFORMATION

NAME: LAST		FIRST	M.I.
IDENTIFICATION NO. (DRIVER'S LICENSE, STATE ID, MILITARY ID, S.S. ,etc)		I.D. EXPIRATION DATE	BIRTH DATE
CURRENT ADDRESS: STREET			
CITY	STATE		ZIP
TELEPHONE: HOME	WORK		CELL
E-MAIL ADDRESS:			

HAWAII STREET ADDRESS: (if known)

CITY	ISLAND	ZIP
TELEPHONE: HOME	WORK	OTHER

III. OWNER GROUP

Civilian Army Navy Marines Coast Guard Air Force

IV. CO-OWNER or AUTHORIZED HANDLER / AGENT INFORMATION

PERSON IS: CO-OWNER HANDLER

(Co-owners are recognized as legal owners)

1 NAME: LAST	FIRST	M.I.
IDENTIFICATION NO. (DRIVER'S LICENSE, STATE ID, MILITARY ID, S.S. ,etc)	I.D. EXPIRATION DATE	BIRTH DATE
TELEPHONE: HOME	WORK	OTHER

